



Citizens' Review Board for Children

VOLUNTEER APPLICATION

Name _____ Address _____

City/Town _____ Zip Code _____ County _____

Legislative District _____ Fax _____

Home Telephone _____ E-mail _____

Employer _____ Work Telephone _____

Occupation _____ DOB _____ Race _____ Sex _____

(Questions of race and sex are included for the sole purpose of assuring fair representation of all citizens)

Level of school completed ____ High School Diploma/GED ____ AA ____ BA, BS ____ Master ____ Other ____

Degree/Major _____

Which day(s) of the week could you attend monthly meetings? Circle all that apply. Only one day per month will be chosen. M T W Th

Would you be willing to submit to a criminal background check if you are chosen as a review board member? ____ Yes ____ No

Are there any special accommodations you would need to serve on a review board? (for example, handicapped accessibility for parking).

Please list all languages spoken, including sign language _____

Volunteer and/or professional experience related to children. Please include advocacy. _____

Have you had any experience or involvement with out-of-home placement of children, such as client, foster parent, adoptive parent, foster child, foster sibling, etc? If so, please describe.

Community Involvement/Affiliations _____

Why would you like to become a member of a Citizens' Review Board? _____

How did you hear about the Citizens' Review Board for Children? _____

References. (3) Please include one person who has supervised you. No relatives please.

Name	Address	Phone Number	Profession	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

You are encouraged to attach a resume or other relevant as part or your application, Please return to the Citizens' Review Board for Children within 5 days.

Applicant's Signature	Date
DHR/CRBC 1303 (Rev 11/00)	

